



Niagara Frontier Transportation Authority | 181 Ellicott Street, Buffalo, NY 14203 | (716) 855-6500 | nfta.com

EMPLOYMENT APPLICATION

Thank you for your interest in a position with the Niagara Frontier Transportation Authority (NFTA), or its wholly owned subsidiary, Niagara Frontier Transit Metro System, Inc. ("Metro"). NFTA and Metro are equal opportunity employers with policies of non-discrimination on the basis of legally protected characteristics. All people with disabilities are encouraged to apply.

Completed applications may be:

Emailed to: Application.intake@nfta.com

Mailed or physically dropped off to: Attn: Human Resources, Niagara Frontier Transportation Authority, 181 Ellicott Street Buffalo, NY 14203

Date of Application:		Job Code (For HR Use Only)	
Job Applying For:		Job Number:	
PERSONAL			
Name (First, Middle, Last)			
Is additional information relative to a change of name, use of an assumed name, or nickname necessary to allow a check of your work records? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, explain _____			
Address (Number, Street)		City, State, Zip	
Previous Address (if less than 7 years at current address)		City, State, Zip	
Cell Phone	Home Phone	Email Address	
Date you are available for work	Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, do you have a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Were you previously employed by the NFTA or Metro? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state dates of employment and position(s) held:			
List any friends or relatives working for the NFTA or Metro:			
1. _____			
Name		Relationship	
2. _____			
Name		Relationship	

A Drug Free/Smoke Free Workplace ● An Equal Opportunity Employer

All people with disabilities are encouraged to apply

Revised 12-2024

EDUCATION

Do you have a high school diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Level	Name of School City, State	Number of years attended	Did you graduate	Degree/Certificate Attained
High School/GED			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/Graduate/Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	

MILITARY EXPERIENCE

Have you ever served in the U.S. Military? Yes No

If yes, what branch? _____ Dates of duty _____ to _____ Rank at discharge _____	Please describe duties; include training and schools completed _____ _____ _____
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DRIVER'S LICENSE

Do you possess a valid NYS Driver's License? Yes. No License number _____ Class _____

Do you have a CDL? Yes No or CDL Permit? Yes No

Have you had a driver's license in any state other than NY in the past 3 years? Yes No
If yes, where? _____

Have you been convicted of any moving violations in **any state** in the past 10 years? Yes No.
If yes, please give details: _____

How many years experience do you have driving:

- a personal vehicle _____ years
- a commercial vehicle _____ years
- a passenger bus or heavy truck _____ years
- a light truck or van _____ years

COMPLETE THIS SECTION IF YOU ARE SEEKING A CLERICAL POSITION

Are you familiar with: Microsoft Word <input type="checkbox"/> Yes <input type="checkbox"/> No Excel <input type="checkbox"/> Yes <input type="checkbox"/> No Power Point <input type="checkbox"/> Yes <input type="checkbox"/> No Access <input type="checkbox"/> Yes <input type="checkbox"/> No	What is your typing speed? _____ wpm
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ALL APPLICANTS

Have you ever been terminated or asked to resign from any employer? Yes No

If yes, please explain _____

EMPLOYMENT HISTORY

List all of your employment for the **past 10 years**. Begin with your current or most recent employer. Attach additional paper if necessary.

Name of Employer	Date From	To
Address	City, State	Zip
Position Held	Duties	
Supervisor's Name and Title	Phone Number	Reason for Leaving
Is this company still in business? <input type="checkbox"/> Yes <input type="checkbox"/> No May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Name of Employer	Date From	To
Address	City, State	Zip
Position Held	Duties	
Supervisor's Name and Title	Phone Number	Reason for Leaving
Is this company still in business? <input type="checkbox"/> Yes <input type="checkbox"/> No May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Name of Employer	Date From	To
Address	City, State	Zip
Position Held	Duties	
Supervisor's Name and Title	Phone Number	Reason for Leaving
Is this company still in business? <input type="checkbox"/> Yes <input type="checkbox"/> No May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

PROFESSIONAL REFERENCES

Name	Address	Phone	Relationship

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VOLUNTARY SELF-IDENTIFICATION FORM

The Niagara Frontier Transportation Authority, and its wholly owned subsidiary, Niagara Frontier Transit Metro System, Inc. ("Metro"), are equal opportunity employers with policies of non-discrimination on the basis of legally protected characteristics.

The NFTA and Metro comply with federal and state regulations pertaining to affirmative action, equal opportunity, and non-discrimination. The following information is requested for periodic state and federal government reporting only and will be kept confidential. Completing this form is voluntary, and we hope that you will choose to do so. Your answers are confidential and no one making a hiring decision will see them. Your decision to complete this form and your answers will not harm you in any way.

Name (optional)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X
How did you learn of this position: <input type="checkbox"/> NFTA or Metro Employee <input type="checkbox"/> Job Fair-Specify _____ <input type="checkbox"/> Employment Referral Agency <input type="checkbox"/> Internet-Specify _____ <input type="checkbox"/> NFTA Website <input type="checkbox"/> Other-Specify _____	
Federal Ethnicity Categories	
<input type="checkbox"/> American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), who maintains tribal affiliation or community attachment.	
<input type="checkbox"/> Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.	
<input type="checkbox"/> Black or African American, Non-Hispanic: A person having origins in any of the black racial groups of Africa.	
<input type="checkbox"/> Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic or Latino."	
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands	
<input type="checkbox"/> White, Non-Hispanic: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.	
<input type="checkbox"/> Two or More Races: All persons who identify with more than one of the above five races.	

Definition:

An individual with a disability: A person who (1) has a physical or mental impairment which substantially limits one or more major life activities; (2) has a record of such an impairment; or (3) is regarded as having such an impairment. This definition is provided by the Rehabilitation Act of 1973, as amended (29 U.S.C. 701, et seq.).

Please check one of the boxes below

- Yes, I have a disability, or have had one in the past
- No, I do not have a disability and have not had one in the past
- I do not want to answer

**Have you ever been convicted of a criminal offense? Yes No
 If yes, specify: date of conviction (s); disposition (s); court(s)

** A criminal conviction is not an absolute bar to employment with the NFTA or Metro but will be considered with regard to the job for which you are applying, and the reasonableness of the risk presented.



Authorization and Release of DMV Records

I understand that driving a company vehicle (or my own vehicle, as required) is a requirement of the position I am being considered for and that having and maintaining a satisfactory driving record is a condition of my employment. I agree to allow the Niagara Frontier Transportation Authority to check my driving record prior to hire and to check it periodically thereafter. I further agree to report to my supervisor immediately any license suspensions, serious accidents or offenses, or any other condition that may affect my ability to drive a Niagara Frontier Transportation Authority vehicle (or my own vehicle, if I am required to drive it) after I am hired. I agree to obtain a driver's license prior to hire if I do not already have one.

I understand that Niagara Frontier Transportation Authority will use this information for employment purposes only and not furnish this information to a third party without my written consent.

I agree to release Niagara Frontier Transportation Authority, its employees and those who supplied the company with the information from any liability for any damage that may result from furnishing the requested information or my failure to be hired for the position for which I am applying.

Print Name

Date of Birth

Driver's License Number

State of License

Signature

Date



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